

WELCOME TO USCS



Processing and Benefits HANDBOOK

INFORMATION FOR PROSPECTIVE EMPLOYEES

This processing and benefits manual has been prepared with you in mind. It is hoped that this manual will help you better understand the various benefits available to you, and increase the satisfaction you experience in working with us.

The manual provides written documentation of pertinent information about fringe benefits with which an employee should be familiar. Therefore, the contents of this manual should be used by you as a device to guide your action in selecting the fringe benefits plan that is right for you.

There are many new experiences awaiting you, and the Personnel Office hopes that this manual will ease your transition into the mainstream of employment at USCS.

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BROCHURES AND BOOKLETS

Each new employee will be given a packet containing booklets and brochures detailing benefits available to them as a University employee.

All Employees

“Retirement Benefits”

“Retirement Service Credit”

“Outline of Health Insurance Benefits”

“Group Insurance Benefits”

“How to Use Your Benefits”

“A Group Insurance Plan for Faculty and Employees of the University of South Carolina”

“Disability Income Salary Continuation Plan”

“Your Retirement Annuity” (if interested)

“TIAA – Life Insurance Guide” (if interested)

“S.C. Laws” (all employees from out-of-state)

“Everything you always needed to know about the USC Federal Credit Union”

“Affirmative Action at the University of South Carolina”

“South Carolina State Employees’ Association”

SECTION I

FRINGE BENEFITS FOR NEW EMPLOYEES

FEDERAL AND STATE WITHHOLDING

Tax Form

(Employees Withholding) Must be completed by all students, staff and faculty, part-time and full-time, to assure proper tax deductions for state and federal income tax. Both sides of the card must be completed.

SOCIAL SECURITY

6.05% is deducted up to \$16,500 of calendar year earnings. An employee starting after January 1, of each year will have Social Security deducted on USCS earnings up to \$16,500 regardless of Social Security deductions made by another employer.

SOUTH CAROLINA RETIREMENT SYSTEM

Membership in the South Carolina Retirement System is required by State law of all University employees "EXCEPT" those employed in non-permanent positions, and student employees.

Each employee contributes 4% of gross earnings by deductions from each pay check on earnings up to \$4,800 in each calendar year, and 6% on any earnings in excess of \$4,800.

Eligibility and cost of establishing Out of State Service and Military Service are explained in the brochure "Retirement Service Credit."

Members are eligible for full retirement benefits upon attaining age 65, or upon completing 30 years of creditable service. Members may apply for reduced benefits at age 60. Benefits are detailed in the brochure "Retirement Benefits." The University mandatory retirement age is 65.

Any member who leaves State employment may withdraw the sum of contributions plus 4% interest. However, an employee who completes 15 years of creditable service prior to age 60 may leave contributions in the system and qualify for a deferred retirement annuity at age 60.

Any member who becomes permanently disabled after completing five years of creditable service may apply for disability retirement benefits.

The retirement System also provides a Pre-Retirement Death Benefit to all contributing employees who have completed at least one full year of membership. If a member dies prior to retirement, the System would pay to the beneficiary, or estate, a lump sum equal to the normal budgeted salary for the year in which death occurs. This benefit will be payable in addition to refunds or other benefits to which the beneficiary may be entitled.

GROUP INSURANCE BENEFITS (BLUE CROSS/BLUE SHIELD & METROPOLITAN LIFE)

All classified staff, working 30 hours or more per week, and faculty employees, working at least 3/4 time, are eligible to participate in this insurance plan. A NEW EMPLOYEE HAS 31 DAYS FROM THE EFFECTIVE DATE OF EMPLOYMENT TO ELECT COVERAGE. There are no waiting periods (except for maternity) for new employees who enroll within 31 days after the date of employment. Employees who desire to do so may enroll their eligible dependents.

This plan includes the following coverages:

1. Plan A is available to all eligible employees at no cost (complete cost paid by the University). Eligible dependents may be covered for an additional premium.
2. Plan B provides similar but more extensive coverage than the above plan. There is a small premium charge for each eligible employee with the option of dependent coverage of an additional premium.
3. Major Medical benefits are included in Plans A and B. This part of the insurance covers additional health care costs not covered by either basic plan. The contract year is from July 1 through June 30 of each year.
4. Employee Life insurance benefits are included in both plans. This is a term life insurance and accidental death and dismemberment benefit on each employee for \$3,000, decreasing to \$1,500 at age 65.
5. Disability benefits are included in both plans. If the employee is totally disabled, the disability benefits will pay an income starting the first day after the 90 day elimination period (a type of deductible) and continuing as long as disabled up to age 65. The monthly benefit is 60% per month, in addition to Social Security, Workmen's Compensation and disability retirement, provided the total of all such "coordinated income" does not exceed the 60% limit.
6. Dependent Life — An employee may insure his dependents for up to \$1,000 of life insurance. The cost of this coverage is cents per month for any number of dependents. The employee is automatically the beneficiary for this insurance.
7. Blue Cross/Blue Shield insurance will be effective on the first day of the month following employment (ex: If employed on the 17th of March coverage will be effective as of April 1,) or if employed on the first day or first working day of a month, the coverage will be effective that date (ex: If employed on June 1, coverage will be effective June 1).

- a. An employee transferring from another Blue Cross/Blue Shield plan with no lapse in coverage between the termination of the prior plan and the effective date of this plan has continuous coverage.
 - b. All continuing 9 month employees are covered under the BC/BS insurance for 12 months. The premiums will be pro-rated over the 9 months pay period. All other employees are paid over 12 months and their insurance premiums are deducted over 12 months. Twelve month employees' premiums are deducted one month in advance. Nine month employees have one half of a 9 month premium deducted in advance.
 - c. The employee will be covered under BC/BS until the last day of the month in which he terminates. (ex: If the employee terminates on April 2nd, he will be covered until April 30th. If the employee terminates on April 30th, his insurance will terminate as of that date.) Payroll will refund any overpayment of premiums.
8. An ID card will be issued to each employee enrolling in this plan. It may take as long as two months to receive the card. If prior to receipt of the ID card, it is necessary to file a claim, the employee need only furnish the Social Security number to the hospital or physician.

WHEN YOUR INSURANCE BEGINS: Eligible employees hired prior to the effective date, who have enrolled and authorized any necessary payroll deductions on July 1, 1975. Employees hired after July 1, 1975 and their dependents will be covered on the first day of the month coincident with or following the date of employment, provided an appropriate notice of election is filed and necessary payroll deductions are authorized within 31 days of the date of employment. For any employee hired on the first day of a month, coverage will begin on that day provided you are actively-at-work. "Actively-at-work" means performing the regular duties of your employment on a full-time basis. If you are not actively-at-work when your insurance would otherwise begin, it will begin on the next day you are actively-at-work. However for Disability insurance you must not have been disabled by injury or sickness for two weeks before becoming insured.

WHO ARE YOUR DEPENDENTS: Your eligible dependents include your wife or husband and your unmarried children at least 14 days but less than 23 years old, excluding any dependent eligible to be insured under this plan on his or her own account who is on active duty with the armed forces of any country.

HOW TO USE YOUR BENEFITS FROM BLUE CROSS AND BLUE SHIELD

When you use the services of a physician or hospital, the following steps should be taken to help the provider of the services file a claim for benefits:

1. Hospital Service (In or Out-Patient)
 - a. Present your Blue Cross Blue Shield Identification Card to the Admission Office for an In-Patient admission. Present the Card to the Out-Patient Department only if services are rendered for the treatment of an accident or for minor surgery and therapy.
 - b. The hospital personnel will copy the needed information from your card (identification number, group number, etcetera).
 - c. The hospital will send the claim to our Home Office and payment will be made directly to the hospital.

If you or a covered member of your family is hospitalized out-of state, present your Identification Card to the hospital so they can complete the claim properly and the claim will be handled automatically between the out-of-state Blue Cross Plan and South Carolina Blue Cross.

If you or a covered member of your family use the out-patient department of an out-of-state hospital for the treatment of an accident, minor surgery, radiation therapy, inhalation therapy or physical therapy, present your Identification Card to the attending clerk and ask that the claim be mailed to Blue Cross of South Carolina, Columbia, South Carolina, 29219.

If an out-of-state Hospital Out-Patient Department requests that you pay for the service at the time it is rendered, you should request that they complete a claim (using your Identification Card) indicating that you have paid them, and mail it to Blue Cross for reimbursement to you.

2. Physician Services
 - a. Should you require the services of a physician for other than a routine office visit or physical examination, present your Blue Cross—Blue Shield Identification Card at the doctor's office.
 - b. If the doctor is a Participating Physician with Blue Shield, his office will complete and mail the claim to our Home Office indicating whether or not you have paid his charge.
 - c. If you have not paid the doctor, Blue Shield will automatically pay him; if you have paid the doctor, Blue Shield will send the payment to you.
 - d. If the doctor is a Non-Participating Physician, the payment will be forwarded to you, and you will be responsible for the doctor's total charge. If your doctor's office will not submit the claim for you, it will be necessary to obtain an itemized statement, attach it to a completed Blue Shield Claim Form and mail them to Blue Shield, Columbia, South Carolina, 29219.

3. Major Medical

Major Medical Expense Statement forms and Prescription Drug forms can be obtained from your Personnel Department. In order to process your claim for Major Medical Benefits promptly, itemized bills must be attached to a completed Major Medical Expense Statement form. Cash register receipts, cancelled checks, money order receipts, and personal itemizations are not acceptable. No bills can be returned as all copies submitted must be retained by Blue Cross.

MAKE SURE EVERY ITEMIZED BILL SHOWS THE FOLLOWING:

- * Name and address of person or organization providing the service or supply
- * Type of each service or supply
- * Date each service or supply was received
- * Amount charged for each service or supply
- * Patient's name

Additional information must be shown on itemized bills for the following services or supplies:

- * Private Duty Nursing Bills - Shifts worked, Charge per day, Nurse's professional status, and Nurse's license number.
- * Drug and Medicine Bills - Patient's name, Date of purchase, Name of drugstore, DRUG NAME rather than prescription number, Pharmacist's signature, and charge for each drug.

Your claim must be received by Blue Cross within 20 days of the end of the Benefit Period for which reimbursement is claimed. Claims can be submitted at any time during the Benefit Period when the patient's expenses have exceeded the deductible amount.

MAJOR MEDICAL EXPENSE CLAIMS MUST BE SUBMITTED TO: The Major Medical Department
Blue Cross of South Carolina
Columbia, S. C. 29219

MAJOR MEDICAL AND
DRUG AND NURSING ENDORSEMENT
CLAIM FORM



Blue Cross
Blue Shield
of South Carolina
Columbia, S.C. 29219

READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

1. NAME OF INSURED	Last	First	Initial	2. IDENTIFICATION NUMBER				
3. ADDRESS	Street	City	State	Zip				
<u>PATIENT INFORMATION ONLY</u>								
4. NAME OF PATIENT	Last	First	Initial					
5. PATIENT'S DATE OF BIRTH	Month / Day / Year	6. PATIENT'S SEX	Male	Female	7. RELATIONSHIP OF PATIENT TO INSURED	Same	Spouse	Child
<u>TYPE OF FILING</u>								
8. NATURE OF ILLNESS OR INJURY:								
9. DATE OF FIRST SYMPTOMS OR DATE OF ACCIDENT:								
10. WAS ILLNESS OR INJURY IN ANY WAY WORK-RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<u>OTHER INSURANCE INFORMATION</u>								
11. IS PATIENT INSURED UNDER ANY OTHER GROUP HEALTH INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No								
12. IF YES, NAME OF INSURANCE COMPANY:								
13. NAME OF GROUP.	Last	First	Initial	14. POLICY NUMBER				
15. NAME OF INSURED: <u>MEDICARE</u>								
16. IS PATIENT ENTITLED TO BENEFITS UNDER MEDICARE HOSPITAL INSURANCE (PART A)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
17. IS PATIENT ENTITLED TO BENEFITS UNDER MEDICARE MEDICAL INSURANCE (PART B)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
18. IF YES, MEDICARE HEALTH INSURANCE CLAIM NO. (Include Alpha prefix or suffix):								
19. EFFECTIVE DATE OF INSURANCE UNDER:	PART A			PART B				
<u>REQUIRED AUTHORIZATIONS</u>								
20. I certify that the above is correct and that I am claiming benefits only for the expenses incurred by the patient named above. I also authorize release of any medical records to Blue Cross and Blue Shield of South Carolina.								
DATE: _____ SIGNATURE OF PATIENT (Unless Minor) _____								
DATE: _____ SIGNATURE OF INSURED _____								
ITEMIZED BILLS MUST ACCOMPANY THIS CLAIM FORM. PLEASE SEE INSTRUCTION ON REVERSE SIDE. FAILURE TO COMPLETE THIS FORM PROPERLY, AND/OR OMISSION OF ITEMIZED BILLS COULD RESULT IN DENIAL OF YOUR CLAIM.								

ITEMIZED BILLS MUST ACCOMPANY MAJOR MEDICAL EXPENSE CLAIMS

IN ORDER FOR US TO PROCESS YOUR CLAIM, ITEMIZED BILLS MUST BE SUBMITTED FOR ALL COVERED EXPENSES. CASH REGISTER RECEIPTS, CANCELED CHECKS, MONEY ORDER RECEIPTS, AND PERSONAL ITEMIZATIONS ARE NOT ACCEPTABLE. NO BILLS CAN BE RETURNED AS ALL COPIES SUBMITTED MUST BE RETAINED IN OUR FILES.

MAKE SURE EVERY ITEMIZED BILL SHOWS THE FOLLOWING:

- Name and address of person, organization or institution providing the service or supply
 - Type of each service or supply
 - Date each service or supply was received
 - Amount charged for each service or supply
 - Patient's name

Specific additional information must also be on itemized bill for any of the following services or supplies:

Private Duty Nursing Bills - Shifts worked, Charge per day, type of Nurse's license, and Nurse's license number.

Drug and Medicine Bills - Patient's name, Date of purchase, Name of drugstore, Drug name, Pharmacist's signature, and Charge for each drug.

ALL BILLS (EXCEPT PHYSICIAN, HOSPITAL, AND PRESCRIPTION BILLS) MUST BE SIGNED BY THE ATTENDING PHYSICIAN TO CERTIFY THAT HE PRESCRIBED SUCH SERVICE OR SUPPLIES. (For example, the physician must sign bills for Physical Therapy...Prosthetic Appliances...Rental of Durable Medical Equipment...Private Duty Nursing, etc.)

DRUGGIST BILLS

Expenses for prescriptions should be filed on the form provided. However, a bill from the pharmacy with the same information and the pharmacist's signature will also be accepted.

TO FILE YOUR CLAIM, MAIL THIS COMPLETED
FORM TOGETHER WITH THE BILLS, TO: _____

MAJOR MEDICAL DEPARTMENT
BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
COLUMBIA, S. C. 29260

Please file your claim as soon as you have incurred covered expenses that satisfy your deductible.

LIBERTY LIFE — The State has asked Liberty Life to offer all employees with dependents an insurance that will provide a regular monthly income to them in the event of your death. There are two plans available. Plan A provides an income to your spouse. Plan B provides an income to your children. The premium for this coverage is determined by your age and the age or ages of your dependents.

PLAN A — AVAILABLE TO MARRIED EMPLOYEES

"Regular Plan" pays \$100 of Monthly Income to your husband or wife until age 65 or prior death. If both parents die, \$200 of Monthly Income will be paid to your children so long as at least one child is under Age 21.

For the "Double Plan," multiply the rate below by 2.
For the "Triple Plan," multiply the rate below by 3.

FOR FEMALE EMPLOYEES — MONTHLY RATES

Use Rates Below If Husband is older than you by no more than 8 years		Use Rates Below If Husband is younger than you by no more than 8 years		Your Age		Use Rates Below If Husband is older than you by no more than 8 years		Use Rates Below If Husband is younger than you by no more than 8 years		Your Age	
\$ 3.32		\$ 3.12		20 & Under		\$ 3.44		\$ 3.20		20 & Under	
21	3.36	3.16	3.52	21	5.30	5.52	5.16	5.32	5.16	5.52	5.16
22	3.44	3.20	3.58	22	5.40	5.62	5.24	5.44	5.24	5.62	5.24
23	3.50	3.24	3.66	23	5.52	5.74	5.34	5.54	5.34	5.74	5.34
24	3.58	3.30	3.74	24	5.64	5.86	5.44	5.64	5.44	5.86	5.44
25	3.64	3.34	3.84	25	5.78	6.00	5.50	5.70	5.50	6.00	5.50
26	3.72	3.40	3.92	26	5.92	6.18	5.62	5.82	5.62	6.18	5.62
27	3.80	3.44	4.02	27	6.08	6.34	5.84	6.04	5.84	6.34	5.84
28	3.88	3.50	4.12	28	6.24	6.54	6.06	6.26	6.06	6.54	6.06
29	3.96	3.54	4.22	29	6.42	6.74	6.22	6.42	6.22	6.74	6.22
30	4.08	3.62	4.36	30	6.62	6.96	6.42	6.62	6.42	6.96	6.42
31	4.20	3.68	4.50	31	6.84	7.20	6.62	6.82	6.62	7.20	6.62
32	4.32	3.76	4.64	32	7.10	7.50	6.88	7.08	6.88	7.50	6.88
33	4.46	3.84	4.80	33	7.36	7.80	7.14	7.34	7.14	7.80	7.14
34	4.62	3.92	5.00	34	7.66	8.14	7.42	7.62	7.42	8.14	7.42
35	4.80	4.04	5.22	35	7.98	8.52	7.72	7.92	7.72	8.52	7.72
36	5.00	4.14	5.48	36	8.36	8.96	8.72	8.92	8.72	8.96	8.72
37	5.24	4.26	5.76	37	8.76	9.44	8.50	8.70	8.50	9.44	8.50
38	5.48	4.38	6.06	38	9.20	9.94	8.90	9.60	8.90	9.94	8.90
39	5.72	4.58	6.36	39	9.66	10.48	9.36	10.08	9.36	10.48	9.36
40	5.94	4.58	6.66	40	10.16	11.04	9.94	10.82	9.94	11.04	9.94
41	6.16	4.66	6.94	41	10.64	11.62	10.42	11.20	10.42	11.62	10.42
42	6.36	4.70	7.24	42	11.14	12.24	11.92	12.70	11.92	12.24	11.92
43	6.54	4.72	7.54	43	11.64	12.90	12.42	13.20	12.42	12.90	12.42
44	6.74	4.74	7.86	44	12.16	13.58	13.22	14.00	13.22	13.58	13.22
45	6.90	4.76	8.18	45	12.70	14.80	13.86	15.08	13.86	14.80	13.86
46	7.06	4.72	8.48	46	13.28	15.08	14.20	15.80	14.20	15.08	14.20
47	7.20	4.68	8.82	47	13.88	15.92	15.04	16.72	15.04	15.92	15.04
48	7.34	4.62	9.16	48	14.48	16.76	15.88	17.64	15.88	16.76	15.88
49	7.48	4.54	9.52	49	15.08	17.64	17.00	19.52	17.00	17.64	17.00
50	7.58	4.40	9.86	50	15.66	18.54	17.44	20.32	17.44	18.54	17.44
51	7.66	4.20	10.22	51	16.22	19.46	18.26	21.20	18.26	19.46	18.26
52	7.72	3.98	10.66	52	16.76	20.22	19.76	22.76	19.76	20.22	19.76
53	7.74	3.72	11.18	53	17.28	21.14	20.28	23.14	20.28	21.14	20.28
54	7.76	3.42	11.84	54	17.78	22.10	21.26	24.26	21.26	22.10	21.26
55	7.78	3.04	12.60	55	18.20	23.08	22.26	25.26	22.26	23.08	22.26

FOR MALE EMPLOYEES — MONTHLY RATES

Use Rates Below If Husband is older than you by no more than 8 years		Use Rates Below If Husband is younger than you by no more than 8 years		Your Age		Use Rates Below If Husband is older than you by no more than 8 years		Use Rates Below If Husband is younger than you by no more than 8 years		Your Age	
\$ 5.20		\$ 5.42		20 & Under		\$ 5.20		\$ 5.42		20 & Under	
21	5.30	5.52	5.16	21	5.52	5.74	5.34	5.54	5.34	5.74	5.34
22	5.40	5.62	5.24	22	5.62	5.84	5.44	5.64	5.44	5.84	5.44
23	5.52	5.74	5.52	23	5.74	5.96	5.54	5.76	5.54	5.96	5.54
24	5.64	5.86	5.64	24	5.86	6.08	5.66	5.86	5.66	6.08	5.66
25	5.78	6.00	5.78	25	6.00	6.48	5.80	6.00	5.80	6.48	5.80
26	5.92	6.18	5.92	26	6.18	6.68	5.90	6.18	5.90	6.68	5.90
27	6.08	6.34	6.08	27	6.34	6.82	6.04	6.34	6.04	6.82	6.04
28	6.24	6.54	6.24	28	6.54	7.02	6.26	6.54	6.26	7.02	6.26
29	6.42	6.74	6.42	29	6.74	7.22	6.44	6.74	6.44	7.22	6.44
30	6.62	6.96	6.62	30	6.96	7.44	6.64	7.04	6.64	7.44	6.64
31	6.84	7.20	6.84	31	7.20	7.68	6.86	7.26	6.86	7.68	6.86
32	7.10	7.50	7.10	32	7.50	8.00	7.08	7.58	7.08	8.00	7.08
33	7.36	7.80	7.36	33	7.80	8.32	7.34	8.24	7.34	8.32	7.34
34	7.66	8.14	7.66	34	8.14	8.62	7.64	8.52	7.64	8.62	7.64
35	7.98	8.52	7.98	35	8.52	9.00	7.90	8.80	7.90	9.00	7.90
36	8.36	8.96	8.36	36	8.96	9.44	8.72	9.20	8.72	9.44	8.72
37	8.76	9.44	8.76	37	9.44	9.92	8.90	9.38	8.90	9.92	8.90
38	9.20	9.94	9.20	38	9.94	10.42	9.36	9.84	9.36	10.42	9.36
39	9.66	10.48	9.66	39	10.48	11.00	9.62	10.80	9.62	11.00	9.62
40	10.16	11.04	10.16	40	11.04	11.62	10.40	11.20	10.40	11.62	10.40
41	10.64	11.62	10.64	41	11.62	12.24	11.12	11.80	11.12	12.24	11.12
42	11.14	12.24	11.14	42	12.24	12.92	11.62	12.40	11.62	12.92	11.62
43	11.64	12.90	11.64	43	12.90	13.58	12.12	13.20	12.12	13.58	12.12
44	12.16	13.58	12.16	44	13.58	14.22	12.52	13.80	12.52	14.22	12.52
45	12.70	14.80	12.70	45	14.80	15.48	13.20	14.88	13.20	15.48	13.20
46	13.28	15.08	13.28	46	15.08	15.80	13.60	15.20	13.60	15.80	13.60
47	13.88	15.92	13.88	47	15.92	16.72	14.20	15.54	14.20	16.72	14.20
48	14.48	16.76	14.48	48	16.76	17.52	15.00	16.88	15.00	17.52	15.00
49	15.08	17.64	15.08	49	17.64	18.40	15.52	17.20	15.52	18.40	15.52
50	15.66	18.54	15.66	50	18.54	19.32	16.00	18.80	16.00	19.32	16.00
51	16.22	19.46	16.22	51	19.46	20.22	16.80	19.80	16.80	20.22	16.80
52	16.76	19.76	16.76	52	19.76	20.52	17.20	20.20	17.20	20.52	17.20
53	17.28	21.14	17.28	53	21.14	21.92	17.80	21.40	17.80	21.92	17.80
54	17.78	22.10	17.78	54	22.10	22.88	18.20	22.40	18.20	22.88	18.20
55	18.20	23.08	18.20	55	23.08	23.80	18.80	23.40	18.80	23.80	18.80

PLAN B – AVAILABLE TO ALL EMPLOYEES HAVING CHILDREN UNDER 17

“Regular Plan” pays \$100 of Monthly Income to your Children named in your application. Monthly Income begins at the insured’s death and is payable thereafter for so long as at least one of the named children remains alive and under age 21. Even if all named children die earlier the Monthly Income is guaranteed for at least the number of years shown at the bottom of the tables, measured from the date the policy is issued.

For the “Double Plan,” multiply the rate below by 2

For the “Triple Plan,” multiply the rate below by 3

FOR FEMALE EMPLOYEES – MONTHLY RATES

AGE OF YOUNGEST CHILD NAMED

Your Age	Ages			Ages			Ages			Ages		
	0-5	6-10	11-16	0-5	6-10	11-16	0-5	6-10	11-16	0-5	6-10	11-16
21 & Under	\$ 2.66	\$ 2.18	NA	21 & Under	22	23	3.58	3.58	3.58	2.92	2.92	NA
22	2.66	2.18	NA									NA
23	2.68	2.20	1.94									NA
24	2.68	2.20	1.94									2.60
25	2.70	2.22	1.96									2.60
26	2.70	2.22	1.96									2.60
27	2.74	2.24	1.98									2.60
28	2.78	2.28	1.98									2.62
29	2.84	2.32	2.00									2.64
30	2.94	2.38	2.04									2.66
31	3.04	2.44	2.08									2.70
32	3.18	2.54	2.12									2.76
33	3.32	2.64	2.16									2.82
34	3.50	2.76	2.22									2.90
35	3.70	2.90	2.30									2.96
36	3.90	3.04	2.38									3.00
37	4.12	3.22	2.48									3.10
38	4.38	3.40	2.58									3.24
39	4.66	3.60	2.70									3.38
40	4.98	3.82	2.82									3.54
41	5.34	4.06	2.94									3.72
42	5.74	4.30	3.06									3.90
43	6.18	4.56	3.20									4.10
44	6.64	4.86	3.36									4.30
45	7.18	5.18	3.54									4.52
46	7.74	5.56	3.76									4.78
47	8.36	5.96	3.98									5.06
48	9.04	6.40	4.22									5.38
49	9.76	6.88	4.50									5.74
50	10.54	7.42	4.80									6.12
51	11.36	7.98	5.12									6.56
52	12.26	8.60	5.46									6.94
53	13.20	9.26	5.82									7.38
54	14.22	9.98	6.22									7.88
55	15.28	10.74	6.64									8.46
												10.20
												10 Years
												15 Years

FOR MALE EMPLOYEES – MONTHLY RATES

AGE OF YOUNGEST CHILD NAMED

Your Age	Ages			Ages			Ages			Ages		
	0-5	6-10	11-16	0-5	6-10	11-16	0-5	6-10	11-16	0-5	6-10	11-16
21 & Under	\$ 2.66	\$ 2.18	NA	21 & Under	22	23	3.58	3.58	3.58	2.92	2.92	NA
22	2.66	2.18	NA									NA
23	2.68	2.20	1.94									2.60
24	2.68	2.20	1.94									2.60
25	2.70	2.22	1.96									2.60
26	2.70	2.22	1.96									2.60
27	2.74	2.24	1.98									2.62
28	2.78	2.28	1.98									2.64
29	2.84	2.32	2.00									2.66
30	2.94	2.38	2.04									2.70
31	3.04	2.44	2.08									2.76
32	3.18	2.54	2.12									2.82
33	3.32	2.64	2.16									2.90
34	3.50	2.76	2.22									2.96
35	3.70	2.90	2.30									3.10
36	3.90	3.04	2.38									3.24
37	4.12	3.22	2.48									3.38
38	4.38	3.40	2.58									3.54
39	4.66	3.60	2.70									3.72
40	4.98	3.82	2.82									3.90
41	5.34	4.06	2.94									4.10
42	5.74	4.30	3.06									4.30
43	6.18	4.56	3.20									4.52
44	6.64	4.86	3.36									4.78
45	7.18	5.18	3.54									5.06
46	7.74	5.56	3.76									5.38
47	8.36	5.96	3.98									5.74
48	9.04	6.40	4.22									6.12
49	9.76	6.88	4.50									6.56
50	10.54	7.42	4.80									7.04
51	11.36	7.98	5.12									7.58
52	12.26	8.60	5.46									8.14
53	13.20	9.26	5.82									8.78
54	14.22	9.98	6.22									9.46
55	15.28	10.74	6.64									10.20
												10 Years
												15 Years

FOR MALE EMPLOYEES – MONTHLY RATES

15 Years

FOR MALE EMPLOYEES – MONTHLY RATES

10 Years

15 Years

10 Years

6 Years

PRUDENTIAL GROUP LIFE INSURANCE

Full-time classified staff and full time faculty with an annual minimum salary of \$5,000 are eligible to participate in this insurance plan. NEW EMPLOYEES HAVE 31 DAYS FROM THE EFFECTIVE DATE OF EMPLOYMENT TO ELECT COVERAGE. Underwritten by the Prudential Insurance Company of America, this group term life plan provides insurance on the eligible employee's life in an amount which depends on age and salary classification, plus accidental death and dismemberment benefits. 25% of the premium is paid by the Educational Foundation. Up to \$1,000 of life insurance may be purchased on the lives of eligible dependents. Under a unique feature of the plan, dividends are used to purchase paid-up additions of whole life insurance for plan participants.

PILOT LIFE DISABILITY INCOME

Full-time classified staff and full-time faculty with an annual minimum salary of \$10,000 are eligible. A NEW EMPLOYEE HAS 31 DAYS FROM THE EFFECTIVE DATE OF EMPLOYMENT TO COMPLETE THE QUESTIONNAIRE. An employee that is interested in additional information and an estimate on this plan must complete a "Disability Income Salary Continuation Program Questionnaire." Pilot Life's representative, Mr. Don Powe, will contact the employee with complete information on the available coverage and enroll them in the personally tailored plan. A brief description of the plan is as follows:

1. If an employee were to become totally disabled, the University would continue the employee's salary for a limited period of time in accordance with the sick leave policy. The Pilot Life Plan would then provide the employee with an income starting the first day after the "elimination period" (a type of deductible from 30 to 180 days) the employee has selected and continuing as long as the employee is disabled—up to a lifetime in the event of an accident, and for the period the employee selected (2 to 5 years) in the event of sickness.
2. The amount of the Pilot Life benefit the employee would receive depends on the amount the employee decides to purchase; however, the maximum amount for which the employee may apply is determined by his salary. 25% of the premium is paid by the Educational Foundation. This plan contains no coordination of benefits clause.

TAX SHELTERED ANNUITIES

The University will make payroll deductions for TIAA-CREF or any licensed insurance company from which the employee wishes to purchase the annuity but the University cannot contribute to such annuities. By action of the Board of Trustees, any employee may elect to take a reduction in salary or to forego an increase in salary and request that the University contribute this amount toward the purchase of an annuity contract. Any amount so contributed, subject to limitations and interpretations, is not taxed currently for Federal income tax purposes.

ANNUAL LEAVE

Twelve month regular employees earn annual leave at the rate of 1½ days for each month of employment. Employees who have completed ten years of employment with the State earn additional annual leave for each year over ten.

Restrictions: The maximum number of days that can be earned or taken in any calendar year is 30 days. The maximum number of days that may be carried over into a new calendar year is 45 days. The maximum number of annual leave days an employee can be paid upon termination is 45 minus the actual number of days taken in that year.

The minimum charge for Annual Leave shall normally be one-half (½) hour. Unauthorized absences such as tardiness, etc. may be charged as Unauthorized Leave Without Pay or Annual Leave. If an employee is absent for tardiness, etc. for a period of less than one-half (½) hour, the charge will be one-half hour.

A holiday observed by USC at Spartanburg while the employee is on A Leave is NOT counted as a A. Leave day.

Upon death or termination of a full-time employee, payment shall be paid in lump sum for the authorized unused Annual Leave earnings accumulated to their credit.

Annual Leave Forms, (Available in the Personnel Office), should be filled out, properly signed and sent to the Personnel Office well in advance of anticipated leave, especially Annual Leave for vacations.

SICK LEAVE

All permanent full-time USC at Spartanburg employees shall be credited with Sick Leave beginning with the first day of employment at the rate of one and one-fourth (1½) working days per month or fifteen (15) working days per year.

Notification of Illness: When an employee is incapacitated for duty because of illness, she/he must notify his/her immediate supervisor or the Personnel Officer not later than (2) hours after the be-

ginning of the work day on the first day of absence. It is the employee's responsibility to make his/her own call to the supervisor or Personnel Officer except in cases of emergency. In that case, someone should notify USCS on behalf of the employee. Failure to give notice within the two (2) hour time limit may result in the absence being charged to unauthorized Leave Without Pay.

Full-time employees may accumulate Sick Leave credit to a maximum of ninety (90) days.

SALARY CHECKS — All employees are paid semi-monthly, on the 15th and the last working day of the month. By filling out a card in the Personnel Office, Faculty members may have their checks deposited in the Columbia bank of their choice. State law prohibits any advance in salary. 9 month faculty will receive 18 checks per year. Twelve month employees will receive 24 checks per year.

FEDERAL CREDIT UNION — You may join immediately after accepting full-time employment with the University, simply by visiting the Personnel Office and filling out an application form. At present, there is a \$1.00 membership fee. You can apply for a loan after you have been permanently employed by the University for six months. You must have a minimum share deposit of \$5.00.

SECTION II
CHANGES FOR ALL EMPLOYEES

FEDERAL AND STATE WITHHOLDING

Employees may change the number of exemptions by completing a new tax withholding card.

SOUTH CAROLINA RETIREMENT SYSTEM

- 1. CHANGE IN NAME** – When an employee's name changes a "Notice of Change in Name" with the Retirement System must be completed.
- 2. CHANGE IN BENEFICIARY** – An employee may change the beneficiary designation with the Retirement System at any time. The beneficiary must be one person or the estate. In naming a beneficiary use the full given name (ex: Jane B. Smith not Mrs. John Q. Smith). The form must be signed by the employee and the signature notarized.

GROUP INSURANCE BENEFITS (BLUE CROSS/BLUE SHIELD AND LIBERTY LIFE)

1. ADDITION OF DEPENDENTS

- An employee may add a newly acquired spouse, child, adopted child within 31 days of the date of marriage, birth or adoption. The effective date of the coverage is the date of marriage, birth or adoption. The effective date of the premium change is determined by this date. If the date of marriage, birth or adoption is on or before the 15th of the month, the new premium will be retroactive to the first day of the month. If this date is after the 15th of the month then the new premium will be effective the first of the following month.
- If the employee did not elect to take coverage for the spouse because the spouse had group insurance coverage through another employer, but the spouse loses that coverage because it has been discontinued or because the spouse leaves that employment, coverage may be added on the spouse or spouse and children (if previously covered) within 31 days of the stated circumstances. The effective date of the new coverage is the first of the month following the termination of employment or discontinuation of coverage.

2. REDUCTION IN COVERAGE, MEMBERSHIP, DEPENDENT LIFE INSURANCE: An employee may reduce his coverage, type of membership, or dependent life insurance at any time. The effective date for any reduction of coverage is the first of the month following the completion of a new NOE form.

3. **OPEN ENROLLMENT:** The inclusive dates for an open enrollment are determined by the insurance carrier. All employees will be notified via payroll insert. Any changes that the employee wishes to make regarding coverage, type of membership, dependent life insurance, may be made at this time. This is the only time the coverage may be changed from standard to expanded.

PRUDENTIAL GROUP LIFE INSURANCE

1. **NAME CHANGE** — if an employee changes his name, he must complete the Prudential "Change of Beneficiary and/or Name" card.
2. **CHANGE OF BENEFICIARY** — An employee may change his beneficiary with Prudential at any time by filling out the "Change of Beneficiary and/or Name" card.
3. **CHANGE IN DEPENDENT STATUS** — If an employee experiences a change in dependent status for the following reasons: marriage, divorce, birth or adoption of a child, the newly acquired dependent may be added. The employee must complete a "Notice of Change in Dependent Status" card within 31 days of the change in status.
4. **LOST CERTIFICATE** — If an employee has lost or misplaced the Prudential Policies he received, he may apply for a duplicate by completing a "Lost Certificate Statement".
5. **WITHDRAWAL** — An employee may withdraw from participation in Prudential Life Insurance at any time by completing the "Notice of Withdrawal" card. The cancellation will be effective the first of the month following completion of this card. The employee may not apply for the cash value of the Paid-Up Insurance with Prudential until termination of employment with the University.
6. **APPLICATION FOR COVERAGE AFTER INITIAL ENROLLMENT PERIOD** — You may request enrollment in the Prudential Group Life Insurance plan after the initial 31 day enrollment period. You will be required to furnish evidence of insurability satisfactory to the insurance company. Initially the Prudential Health Statement must be completed by you for self coverage. If you wish, you may request dependent coverage. You must request coverage on all eligible dependents. You will be notified of acceptance or rejection as soon as determination is made.

PILOT LIFE DISABILITY INCOME — If an employee wishes to withdraw from participation in the Pilot Disability Program a letter to this effect must be written. The insurance will be cancelled at the end of the month in which the letter is dated. Please direct any request for adjustments in coverage to the Personnel Office.

LEAVE WITHOUT PAY FOR ILLNESS OR DISABILITY

LEAVE WITHOUT PAY — Employees requesting a leave without pay for illness or disability must submit a P-75 form to the Personnel Office.

For any illness or disability exceeding the amount of accrued Annual and Sick Leave, by three days, the employee may apply for Leave Without Pay status for a period not to exceed 180 days. The Leave Without Pay shall be granted with reinstatement privileges to the same position or one of comparable grade, when the employee returns to work.

The employee shall return to work not later than (1) the end of the period for which leave was requested or certified by a physician, or (2) at the end of 180 days of leave without pay, whichever is earlier; otherwise the employee shall forfeit reinstatement privileges and be separated from University service.

If you are planning to request Leave Without Pay, consult the Personnel Office as soon as possible.

SECTION III
TERMINATION OF ALL EMPLOYEES

1. INFORMATION ON YOUR FRINGE BENEFITS – All faculty and staff employees terminating employment with the University must come by the Personnel office for an exit interview.

2. SOUTH CAROLINA RETIREMENT SYSTEM – Upon terminating state employment an employee may make application for the sum of contributions plus interest (4%) paid to the State Retirement System by completing an "Application of Member for Return of Contributions" form. The refund will take a minimum of 90 days to a maximum of 180 days from the date of termination. The refund of contribution check is issued by the State Retirement System and mailed to the employee. The employee must withdraw his contributions with his signature exactly as signed on the enrollment blank.

If the employee is transferring to another state agency, withdrawal of contributions from the South Carolina Retirement System may not be made.

An employee who has completed 15 years of creditable service prior to age 60 may leave contributions in the System and qualify for a deferred retirement annuity when age 60 is attained.

If the employee has been a member of the Retirement System for a year prior to his date of termination, he will be covered under the Pre-Retirement Death Benefit for a period of 90 days after terminating employment with the University.

3. PILOT SALARY CONTINUATION INSURANCE – All 12 month employees will have their Pilot Insurance cancelled at the end of the month of their termination. All 9 month faculty terminating at the end of the fall semester will have their insurance cancelled at the end of the month of their termination. All 9 month faculty terminating at the end of the spring semester will have their insurance until August 31.

Any overpayment of premiums will automatically be refunded to you by the Payroll Office.

4. ANNUAL LEAVE – Employees who accrued annual leave will be paid, in a lump sum for any unused annual leave in either their last regular payroll check or a separate check especially for that purpose. This check should be issued in about 45 days from date of termination.

5. BLUE CROSS/BLUE SHEILD – An employee's Blue Cross/Blue Shield group insurance coverage will be cancelled at the end of the month in which the employee terminates. Any overpayment of premiums will automatically be refunded by the Payroll Office. The employee has 31 days from the date the group insurance is cancelled to transfer to an individual policy.

6. LIBERTY LIFE INSURANCE BENEFITS – The employee has 31 days after cancellation to apply for conversion to an individual policy. For further information, the employee should contact any Liberty Life agent. This is also applicable for converting dependent life coverage.

7. PRUDENTIAL GROUP LIFE INSURANCE – All 12 month employees will have their Prudential Insurance cancelled at the end of the month in which they terminate. All 9 month faculty terminating at the end of the fall semester will have their insurance cancelled at the end of the month in which they terminate. All 9 month faculty terminating at the end of the spring semester or at the end of the summer session, will have their insurance through August 31.

Any overpayment of premiums will automatically be refunded to the employee by the Payroll Office.

The employee has 31 days after cancellation to apply for conversion to an individual policy. For further information; the employee should contact any Prudential Agent. This is also applicable for converting dependent life coverage.

The employee may surrender his Prudential Paid-Up Insurance for its "Cash Value" (mandatory for cash values under \$75) upon termination of employment with the University. The employee should complete a "Request for Cash Value" form and attach the most current Paid-Up Cash Value Certificate. If this certificate has been lost or misplaced, the employee must complete a "Lost Certificate Statement" and attach it to the Request for Cash Value.

PRE-RETIREMENT

- (a) The Personnel Department will sponsor each year pre-retirement workshops covering topics that may be of interest to employees planning to retire (hospitalization, Social Security, legal aspects of retirement, etc.)
- (b) Paid up membership, from age 60 and/or 30 years of service, to retirement in the A.A.R.P.(American Association of Retired Persons) pre-retirement program. This benefit includes receiving a bi-monthly pre-retirement oriented magazine and other related services (options for additional hospitalization, travel programs, auto insurance, etc.)

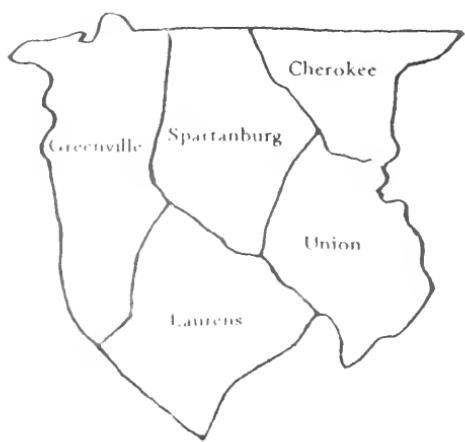
POST-RETIREMENT

- (a) All retired University employees will be given a permanent University identification card that will enable the retiree to the use of the library, movies, reduced athletic tickets, physical education center, swimming pool, special events, etc.

- (b) Retired employees will be eligible for membership in the USC Credit Union.
- (c) Information Services will mail the publication "On Target" to all retired personnel.
- (d) Retired personnel will be issued, upon request, special parking permits that will allow parking privileges on the USCS campus at designated times.

*This booklet is compliments of the Personnel Department of USCS.
Further questions or inquiries should be directed to the Personnel
Department.*

CHEROKEE
UNION
SPARTANBURG
LAURENS
GREENVILLE



PIEDMONT AREA OF SOUTH CAROLINA